

Name, Address and Telephone number of B	
	uilder or Authorized Agent: Home # Office #
EGAL DESCRIPTION OF PROPERTY:	(5)
ubdivisionI rovide a concise description of the propose	(Street Address) Lot Nos Block d activity:
he project is private, non-commercial ROJECT PURPOSE:	commercial 🗇
	
	ur project:
any portion of the proposal for which you a f answer is "yes", give details below). State ntiate on your drawings that portion of the coposed.	are seeking a permit now complete? Dyes on when work was completed. Clearly work which is existing and that which is
proximately how long will it take to comple	ete the proposed project after construction is
STAMP	For Office Use Only

10.	Give the names and addresses of all adjoining property owners:				
	Tele:	Tele:	Tolo		
11.	List the name and address of the	newspaper h	Tele: naving general circulation in the area.		
12.	Please attach site plan drawings which include the following: Physical dimensions of the property Topography from seaward limit of property in 2-ft. contour intervals in both plan and section views Clearly label all roads Show any existing rights-of-way				
	Show set back lines Label all structures and driveways existing on property Show the mean high water mark if within the bounds of the property Draw and label areas to cut and/or fill and indicate amounts in cubic yards Note size of piling and depth to be placed in ground Show septic tank and drain field Show all areas to be paved with impervious surface				
The appl	applicant must sign this application icant if the statement of authorization	n. However, ion is comple	, a duly authorized agent may act for the eted.		
Mari	reby agree to allow the duly author ine Resources Commission and the nises of the proposed project for th	Virginia Ins	of the local wetlands board, the Virginia stitute of Marine Science to enter upon the finspections.		
I her	eby certify that the information sub y knowledge, and that I possess th	omitted in the e authority t	is application is true and accurate to the best o undertake the proposed activity.		
		DATE	<u> </u>		
	APPLICANT'S/AGENT'S NAME (TYPED/PRINTED)	,	APPLICANT'S AGENT'S SIGNATURE & TITLE		
behal	eby designate and authorize If as my agent in the processing of lemental information in support of	this permit a	(Agent) to act on my pplication and to furnish, upon request, on.		
APPI	LICANT'S NAME (TYPED/PRIN		APPLICANT'S SIGNATURE		